**Supplemental Digital Content, Table 1. A complete list of current and future change factors (drivers) and change ideas to be implemented as part of the Mackenzie Health “zero harm” falls prevention program**

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| Change Factors (Drivers) | Change Idea |
| Falls Quality Aim Committee | Establish collaborative committee to provide organization-wide falls oversight \* |
| Program & Unit Accountability | Establish accountability for leaders at all levels (organization-wide) \* |
| Access to Data | Conduct current state gap analysis on falls data collection and validity \* |
| Align EMR and safety reporting system \* |
| Implement electronic dashboard with real-time unit-specific fall data \* |
| Reporting | Implement process to ensure all falls and near misses are reported \* |
| Audit compliance with high-risk assessment and generate unit-specific reports \* |
| Screening for High Risk and Vulnerable Populations | Identify validated falls risk assessment tool for implementation \* |
| Establish EMR process for assessment tool utilization and assessments triggered base on results \* |
| Implement screening tool across inpatient programs \* |
| Mitigation Strategies | Conduct current state gap analysis on fall intervention strategies (organization-wide) \* |
| Implement gap findings analysis |
| Explore opportunity to create order set for falls prevention to help standardize interventions |
| Interdisciplinary Communications | Develop and implement standardized tool to communicate falls risk and prevention strategies to interprofessional team, including alerts for repeat fallers \* |
| Use standardized hand-off communication between hospital staff members at shift changes |
| Toileting | Develop routine toileting plan for patients |
| Trial early voiding and early removal of foley catheter |
| Medications | Establish medication review process to avoid polypharmacy (i.e. flag pharmacist to review medications of high-risk patients) |
| Mobilization | Develop and document mobilization plan that encourages patients to be out of bed as much as possible |
| Promote use of proper assistive devices, clothes, footwear, etc. |
| Safe Environment | Review and reinforce regular environmental audits to ensure adherence to fall prevention interventions \* |
| Establish process to ensure equipment meets patient needs and safety requirements |
| Implement "no pass zone" for patients in need of assistance |
| Monitor Patients | Hold daily rounds discussion of patients at fall risk |
| Ensure immediate response to bed alarms |
| Evaluate Adherence to Plan | Establish mechanisms to promote and monitor intervention adherence \* |
| Establish routine safety huddle |
| Complete regular white board audits |
| Interprofessional Education and Training | Establish strategy for orientation and ongoing front-line staff education |
| Leverage unit councils as fall prevention and safe mobilization champions to support education and training and to develop unit-level interventions |
| Revise current falls policy and develop process to ensure it is regularly refreshed to reflect best practices |
| Interprofessional Post-Falls Response | Establish unit-based falls response team |
| Establish process for bedside post-fall huddle to identify cause of fall and implement interventions in real time |
| Complete standardized post-fall assessments (i.e. vital signs, neurological checks) |
| Patient and Family Engagement | Engage patients and their families in individualized fall prevention strategies \* |
| Explore opportunity for gift shop to sell mobilization supports |
| Include patients and families in post-fall huddles at bedside |
| Include patients and families in Falls Prevention Committee and design of falls prevention and safe mobilization strategies  |
| Home and Community Engagement | Offer OT safety classes for falls patients in hospital |
| Complete pre-discharge home visit (i.e. OT assessment) |
| Consult community falls clinics |
| Establish in-home exercise program for community falls prevention |

*EMR: Electronic Medical Record; OT: Occupational Therapy*

\**Denotes first-year intervention*